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CONFIRMATION NO. 9070

<b>SERIAL NUMBER</b> 10/723,795	<b>FILING OR 371(c) DATE</b> 11/26/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> MST-2393 U.S.
<b>APPLICANTS</b> Claudiu Supuran, Florence, ITALY; Andrea Scozzafava, Florence, ITALY; Silvia Pastorekova, Bratislava, SLOVAKIA; Jaromir Pastorek, Bratislava, SLOVAKIA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/429,089 11/26/2002 and claims benefit of 60/489,473 07/22/2003 and claims benefit of 60/515,104 10/28/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/02/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 69
		<b>INDEPENDENT CLAIMS</b> 7		
<b>ADDRESS</b> 24988				
<b>TITLE</b> CA IX-specific inhibitors				
<b>FILING FEE RECEIVED</b> 2126	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	